



Cornell University  
College of Arts and Sciences

## FERPA RELEASE

I, \_\_\_\_\_, hereby authorize the College of Arts & Sciences and Cornell University to release the following educational records and information:

All education records, including my transcript and any file maintained by the College of Arts & Sciences or the University about me; or

The following education records and information (identify records or types of records):

\_\_\_\_\_

for the following reason(s):

educational purposes

job related

other (give reason below)

\_\_\_\_\_

The records should be released to:

\_\_\_\_\_

(Name and address of person/agency to receive or be given access to information)

**I understand this release authorization remains in effect for one (1) year from the date it is filed or until I submit a written notice to revoke it.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
STUDENT ID

\_\_\_\_\_  
CLASS OF

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER

RETURN COMPLETED FORM TO: College of Arts & Sciences  
KG 17 Klarman Hall  
Cornell University  
Ithaca, NY 14853  
Office: (607) 255-4833  
Fax: (607) 255-8297